

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90016 050 ***150.00

DOCUMENT # P07000047736

1. Entity Name
TECHWAGON INC.



Principal Place of Business
**1320 BAYSHORE DRIVE
FORT PIERCE, FL 34949**

Mailing Address
**1320 BAYSHORE DRIVE
FORT PIERCE, FL 34949**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-8887207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONTI, MICHAEL R
1320 BAYSHORE DRIVE
FORT PIERCE, FL 34949**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
- Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES.
MONTI, MICHAEL R
1320 BAYSHORE DRIVE
FORT PIERCE, FL 34949** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PECK, JOSHUA M
271 SW FAIRCHILD AVE.
PORT SAINT LUCIE, FL 34984** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
JAIPRASHAD, SUNIL
680 SW VIOLET AVE.
PORT SAINT LUCIE, FL 34983** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
JAIPRASHAD, SUNIL
680 SW VIOLET AVE.
PORT SAINT LUCIE, FL 34983** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/08

467-8777